

Name
in
Full

CERTIFICATE OF DEATH

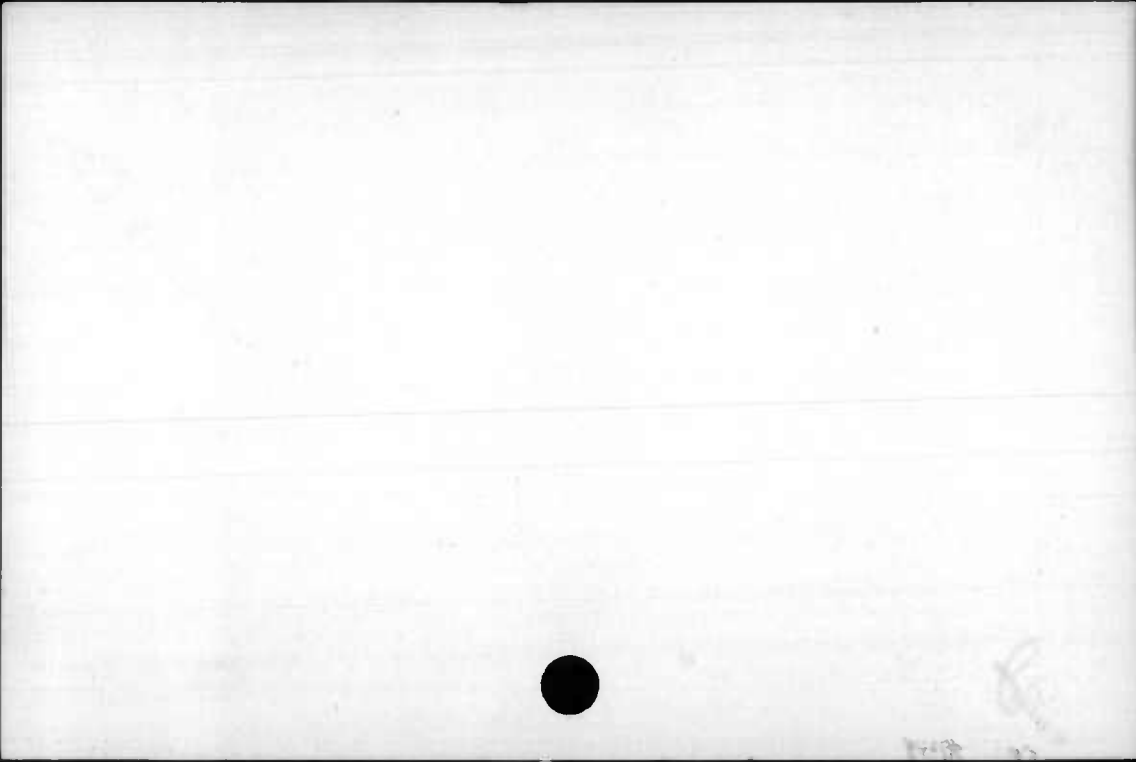
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shorewells</i>		Town <i>Shorewells</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>April</i>	Day <i>14</i>	Age <i>88</i>	Years	Months <i>8</i>	Days <i>4</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Occupation <i>House work</i>			Where Residing if not at place of death <i>Jennie Bishop</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Capt James Bishop</i>					
Father's Name <i>Dr John Hall</i>		Father's Birthplace <i>Del</i>					
Mother's Maiden Name <i>Sarah White</i>		Mother's Birthplace <i>Del</i>					
Name of person giving information <i>Dr Augustus Bishop</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>two weeks</i>
Immediate <i>no</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Not located by Dr Augustus</i>
<i>8</i>	Address <i>Bishop son at Dover Del</i>
<i>Accident or Suicide?</i>	<i>J Rayson</i>



Name
in
Full

Tubman Francis Bonnerille

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pocomoke City</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	<i>1907</i> ^{Month} <i>April</i> ^{Day} <i>25</i>	Age	<i>80</i> ^{Years}	<i>8</i> ^{Months}	<i></i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation	<i>Justice of Peace</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Elizabeth Jane Bonnerille</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>—</i>	
Mother's Maiden Name	<i>Unknown</i>		Mother's Birthplace	<i>—</i>	
Name of person giving information	<i>Francis Lee Bonnerille</i>		How related to deceased	<i>Son</i>	

CAUSES OF DEATH

Primary	<i>Prostatitis</i>	How long	<i>11 days.</i>
Immediate	<i>Uræmia</i>	How long	<i>6 days.</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>J. M. Mikes</i>	
Accident or Suicide?		Address	
<i>No</i>		<i>Pocomoke City</i>	



Name
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CERTIFICATE OF DEATH

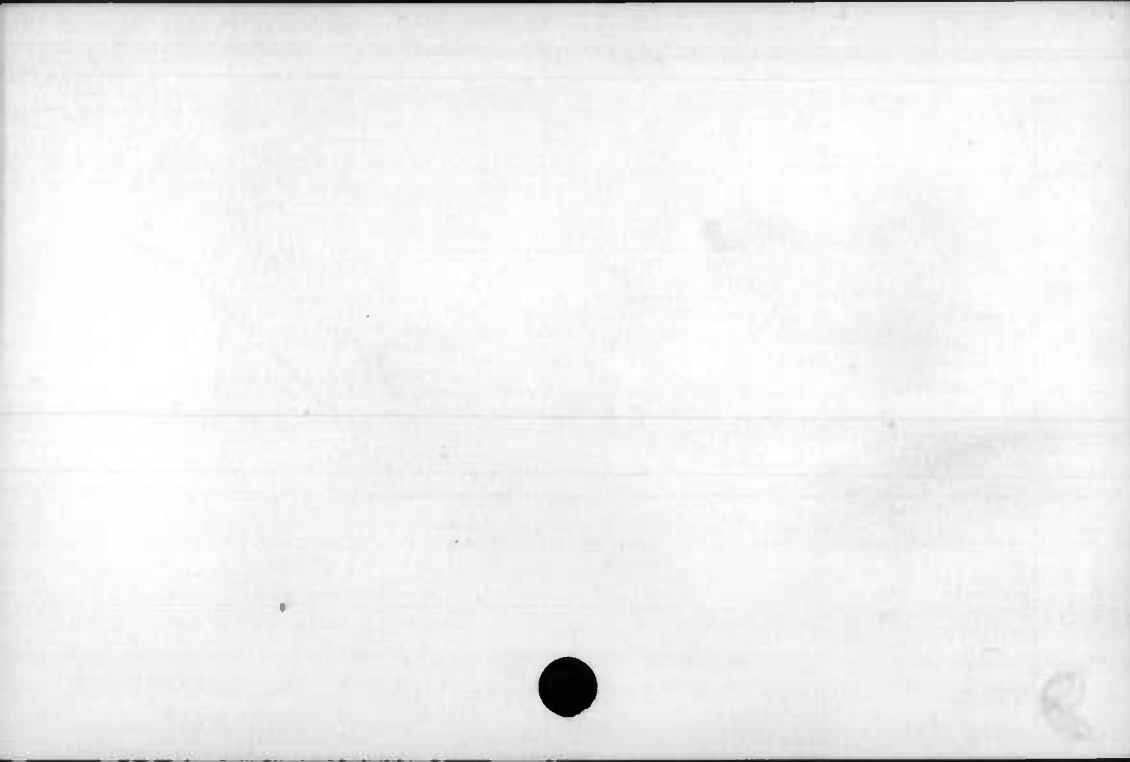
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	Apr.	Day	28
Age	75	Years	75	Months	5
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Sallie Brittingham		
Father's Name	Wm Brittingham	Father's Birthplace	Ind		
Mother's Maiden Name	Hester Dennis	Mother's Birthplace	Ind		
Name of person giving information	Katie Brittingham	How related to deceased	Daughter		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lagrippe	How long	1 month
Immediate	General debility	How long	1 month
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John L. Riley
		Address	Snow Hill
			Ind.
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Catherine Brown
Town Ironshire County Worcester

MARYLAND

Date

of death 1907

Month 4

Day 18

Age 4

Years

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Goldsboro Brown

Father's
Birthplace

Md

Mother's
Maiden Name

Matilda Lullers

Mother's
Birthplace

Md

Name of person giving
In formation

E. W. Gaffney

How related
to deceased

CAUSES OF DEATH

Primary

Boil

How long

Immediate

Capillary Bronchitis 1 week

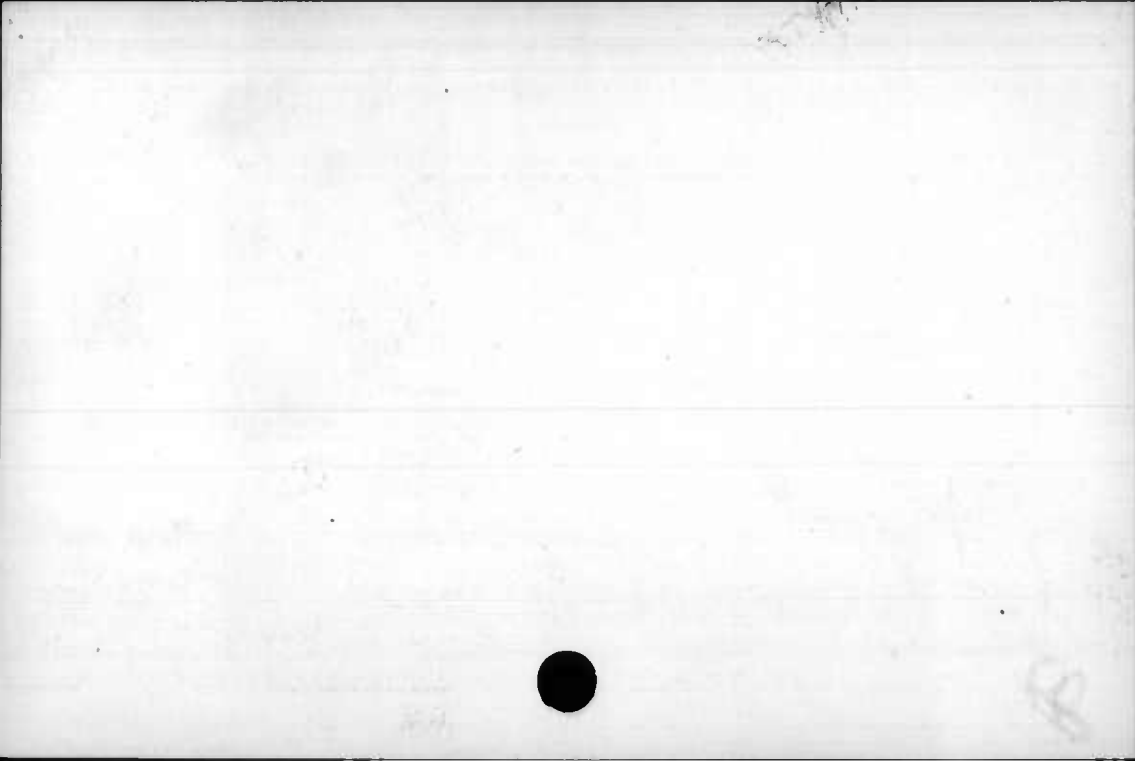
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

E. W. Holland
Berlin, Maryland

Accident or Suicide?



Name
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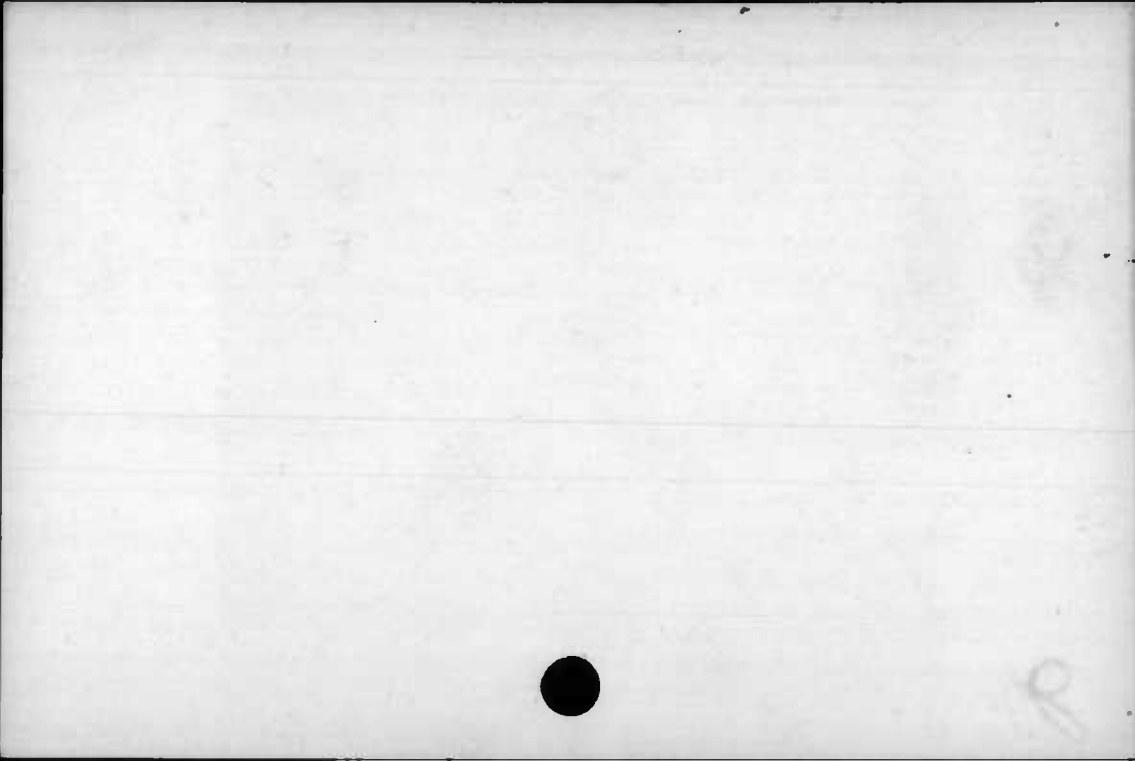
Name <i>Annie Costen</i>		Town <i>Pocomoke</i>		County <i>Wicomico</i>		STATE MARYLAND	
Died at <i>near Pocomoke</i>		Date of death 1907 April 19		Age 23		Months 4	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>			
Occupation <i>Housewife</i>		Where Residing if not at place of death <i>✓</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Charles Costen</i>					
Father's Name <i>Sen. Ireland</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Hester Gentry</i>		Mother's Birthplace <i>✓</i>					
Name of person giving information <i>Major Bailey</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>Unknown</i>
Immediate <i>Cardiac Collapse</i>	How long <i>1/2 day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. J. Milant</i>
	Address <i>Pocomoke City</i>
Accident or Suicide? <i>—</i>	



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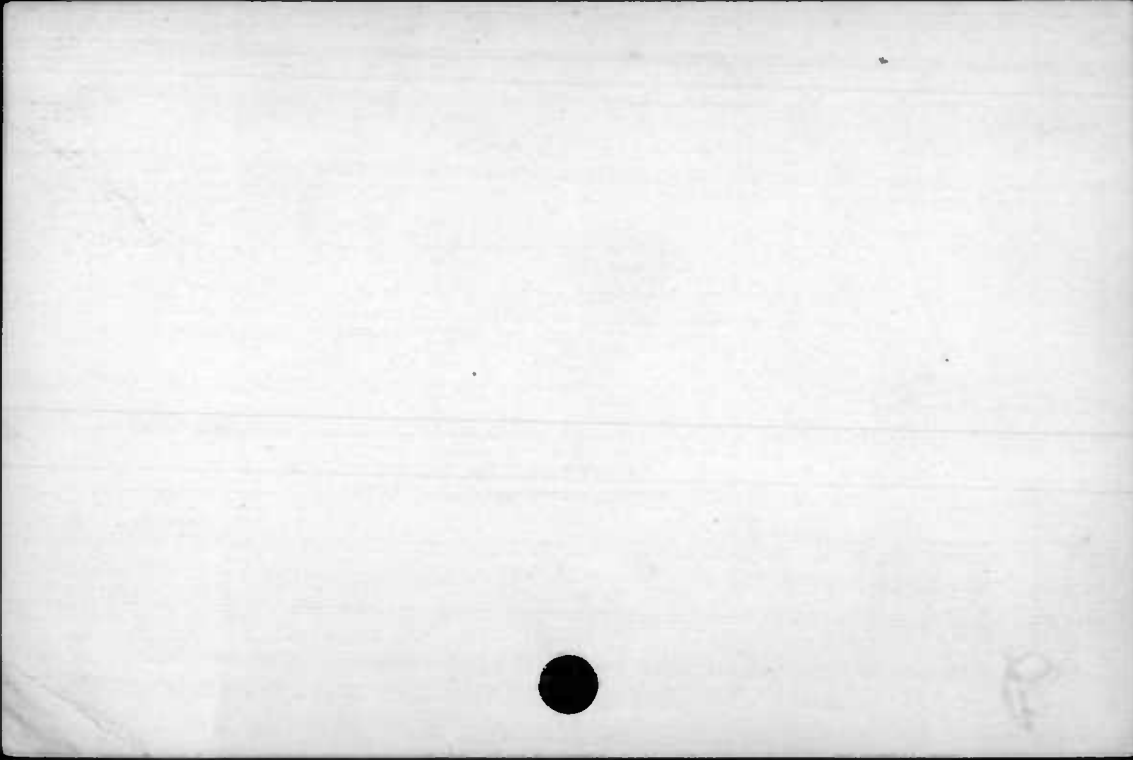
Died at		Town <i>Pocomoke City</i>		County <i>Worcester</i>		MARYLAND	
Date of death		Month <i>Apr</i>	Day <i>17</i>	Years <i>85</i>	Months <i>-</i>	Days <i>-</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Worcester Co</i>			
Occupation <i>Minister</i>				Where Residing if not at place of death <i>-</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Elleanor F Dale</i>					
Father's Name <i>Jno Dale</i>		Father's Birthplace <i>Worcester Co</i>					
Mother's Maiden Name <i>Elizabeth B Johnson</i>		Mother's Birthplace <i>Worcester Co</i>					
Name of person giving information <i>Chas G Dale</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	<i>Senility</i>	How long	<i>-</i>
Immediate	<i>General break down</i>	How long	<i>203 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>R. Lee Hall</i>	
<i>J</i>		Address <i>Pocomoke City, Md.</i>	
Accident or Suicide?			



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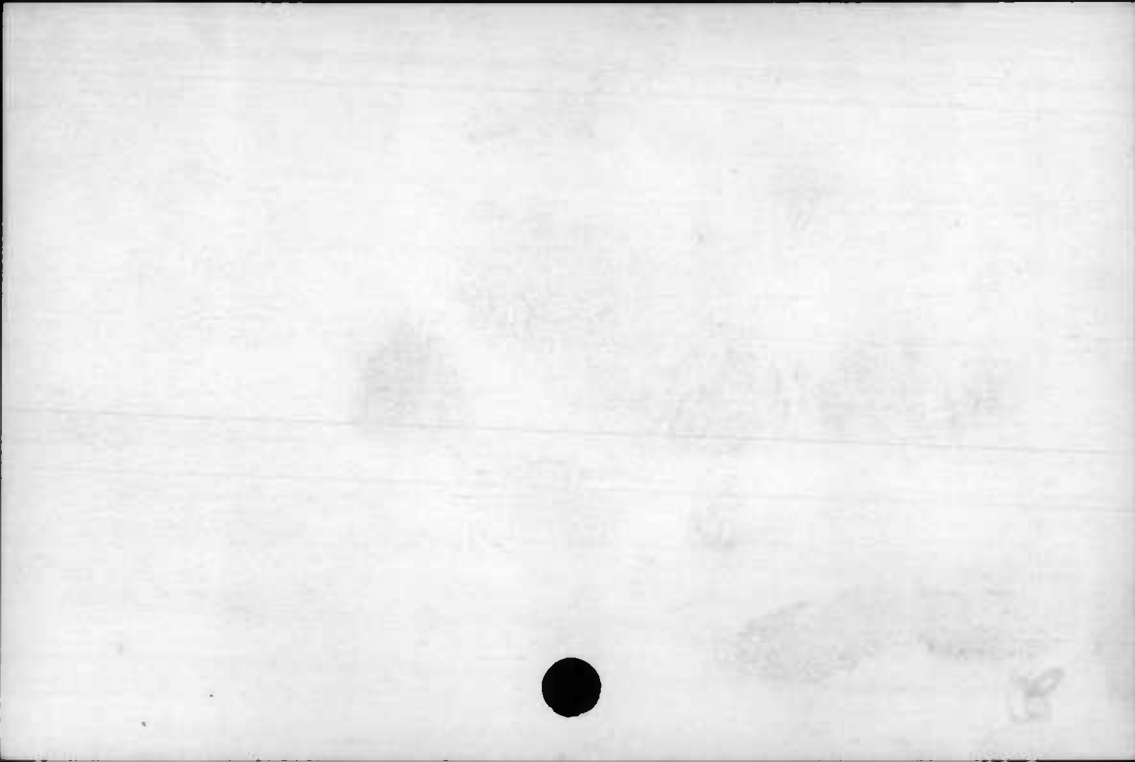
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Samuel F Farlow</i>		Town <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Died at		Date of death <i>1907</i>		Month <i>April</i>		Day <i>17</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Years <i>63</i>		Months	
Occupation <i>Mechanic</i>		Birth-place <i>Worcester Co</i>		Where Residing if not at place of death <i>Pocomoke city</i>		Days	
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Rowena Mutt</i>		Father's Name <i>Benton Farlow</i>		Father's Birthplace <i>Pocomoke</i>	
Mother's Maiden Name <i>Fellie McGee</i>		Mother's Birthplace <i>11</i>		Name of person giving information <i>John A Mutt</i>		How related to deceased <i>Sister in law</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	<i>(64)</i>	How long <i>3 weeks</i>
Immediate <i>Paralysis</i>		How long <i>12</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel S. Quinn</i>	Address <i>Pocomoke city Md</i>
Accident or Suicide?		



Name
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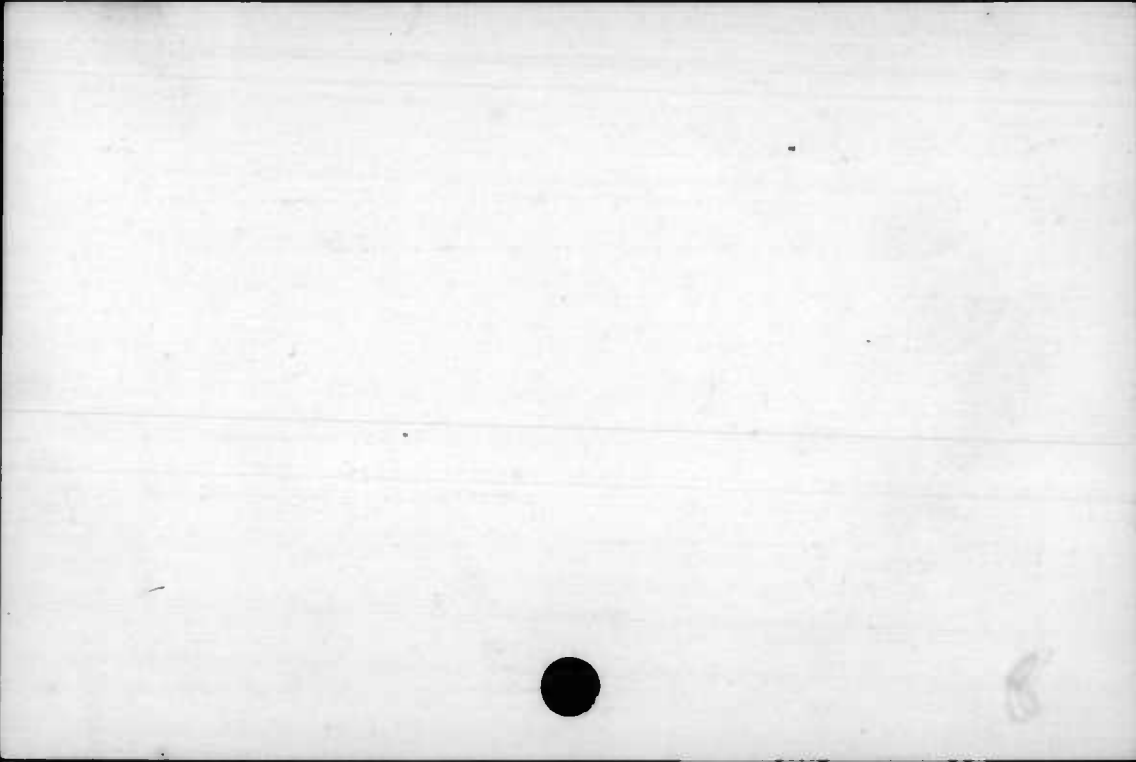
Died at <i>Pocomoke city</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	April	Day	30
Age		Years		Months	6 weeks
Sex	Male	Color or Race	colored	Birth-place	
Occupation	Infant		Where Residing if not at place of death <i>Pocomoke city</i>		
Married, Single or Widowed	Single		Name of Wife or Husband		
Father's Name	Isaac Fields			Father's Birthplace	<i>Pocomoke city</i>
Mother's Maiden Name	Amanda James			Mother's Birthplace	<i>do do</i>
Name of person giving information	Isaac Fields			How related to deceased	Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia as described 3 days</i>	How long	
Immediate	<i>I did not see the child</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Samuel S. L. L. L.</i>
		Address	<i>Pocomoke city, Md.</i>
Accident or Suicide?	<i>8</i>		



Name
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Chas W Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Berlin</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	1907	Month	4	Day	12
Sex	Male	Color or Race	White	Age	65
Occupation	Minister	Birth-place	Del	Months	4
Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Florence Melbourne		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	J E Wise		How related to deceased	None	

CAUSES OF DEATH

(27)

PHYSICIAN
OR CORONER

Primary	<u>Tuberculosis</u>	How long	<u>Several years</u>
Immediate	<u>Heart failure</u>	How long	<u>X</u>
Are the name, age, sex, color, date and place correctly given above?	<input checked="" type="checkbox"/>		
Signature of Physician	<u>Edwin J. Dirksen</u>		
Address	<u>Berlin Md</u>		
Accident or Suicide?	<u>X</u>		



Name
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Full

CERTIFICATE OF DEATH

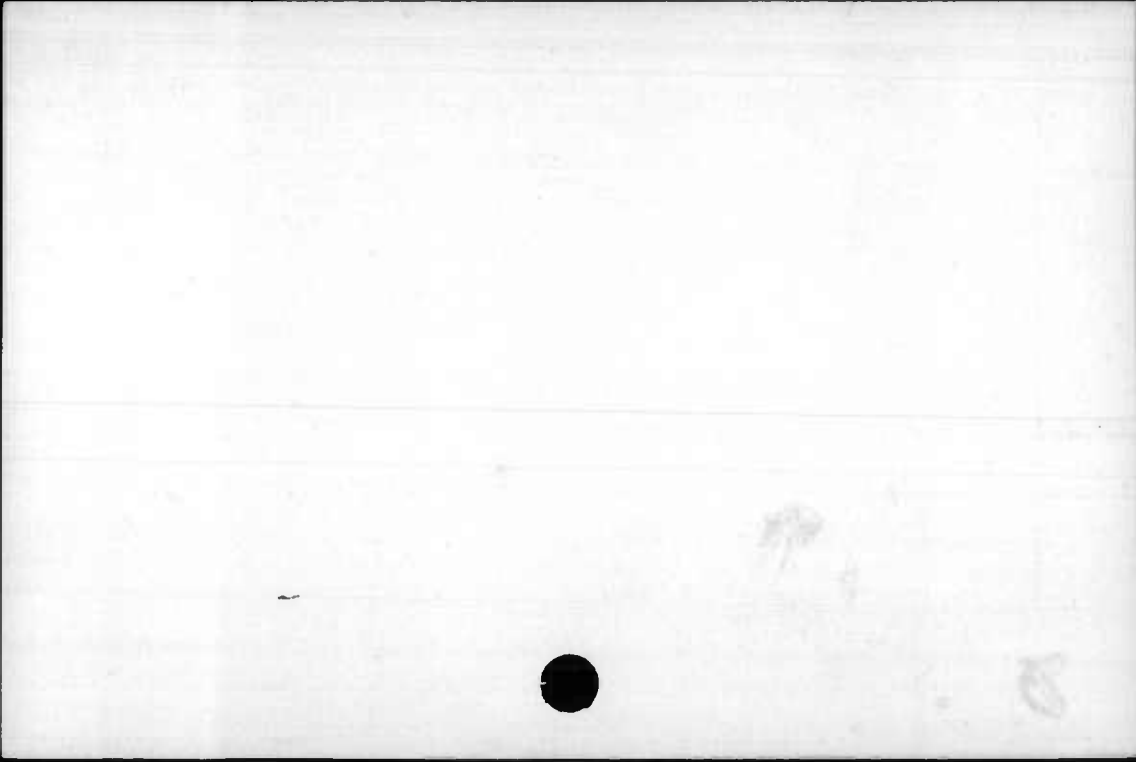
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bishopville</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	1907	Month	April	Day	6
Age	2	Years	3	Months	9
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birth place	<i>Maryland</i>
Occupation	<i>None</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>None</i>		
Father's Name	<i>Brant Mandy</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Marie Green</i>			Mother's Birthplace	<i>Maryland</i>
Name of person giving information	<i>Brant Mandy</i>			How related to deceased	<i>father</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Whooping Cough</i>	How long	<i>4 weeks</i>
Immediate	<i>No</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. Doctor</i>	
<i>No</i>		Address <i>P. Bayne</i>	
Accident or Suicide?			



Name
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Full

CERTIFICATE OF DEATH

TO BE ANSWERED, BY
NEAREST FRIEND

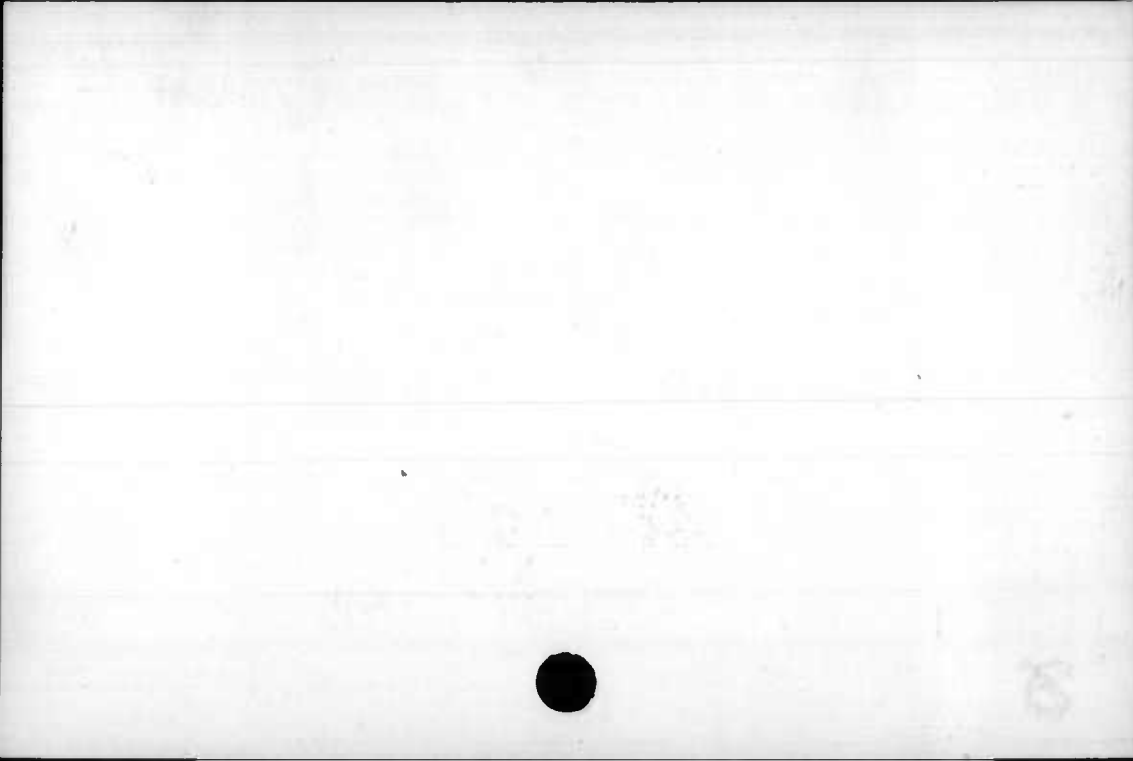
Died at <i>near Grindship</i>		County <i>Worcester</i>		STATE OF <i>MARYLAND</i>	
Date of death 190 <i>7</i>	Month <i>4</i>	Day <i>23</i>	Age	Years	Months <i>2</i> Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Ind</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Geo Hill</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Annie Fisher</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>J. E. Wise</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>3 weeks</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. P. R. Collins</i>
	Address <i>Bishopville</i>
	<i>Ind</i>
Accident or Suicide?	



Name
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CERTIFICATE OF DEATH

MARYLAND

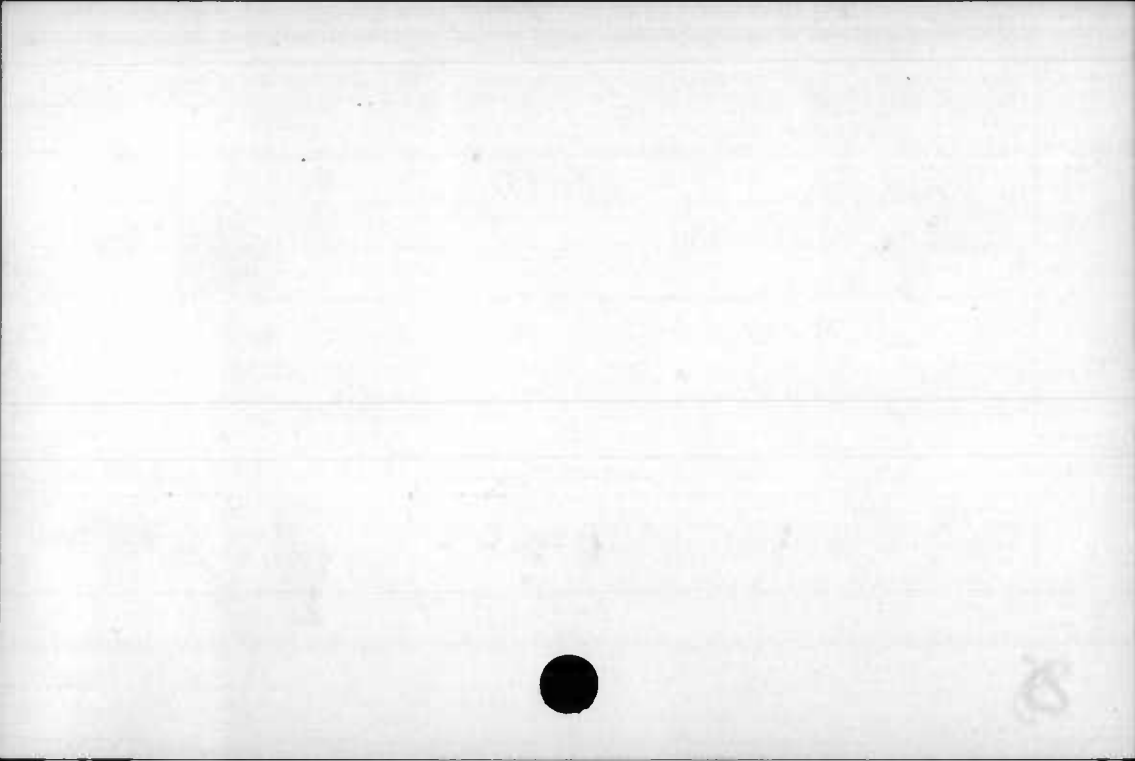
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>John Holland</i>		Town <i>Marberryville Del</i>		County <i>Worcester</i>	
Died at		Month <i>April</i>		Day <i>22nd</i>	
Date of death		1907		Age <i>73</i>	
Sex <i>Male</i>		Color or Race <i>Caucasian</i>		Birth-place <i>Maryland</i>	
Occupation <i>Harmon</i>		Where Residing if not at place of death <i>At home</i>			
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary Holland</i>			
Father's Name <i>Charlie Holland</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>unknown</i>		Mother's Birthplace <i>unknown</i>			
Name of person giving information <i>John Holland</i>		How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dropsy</i>	How long <i>Three weeks</i>
Immediate <i>No</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. [Signature]</i>
	Address <i>St. Campbell's Cityville Del</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

James Hudson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

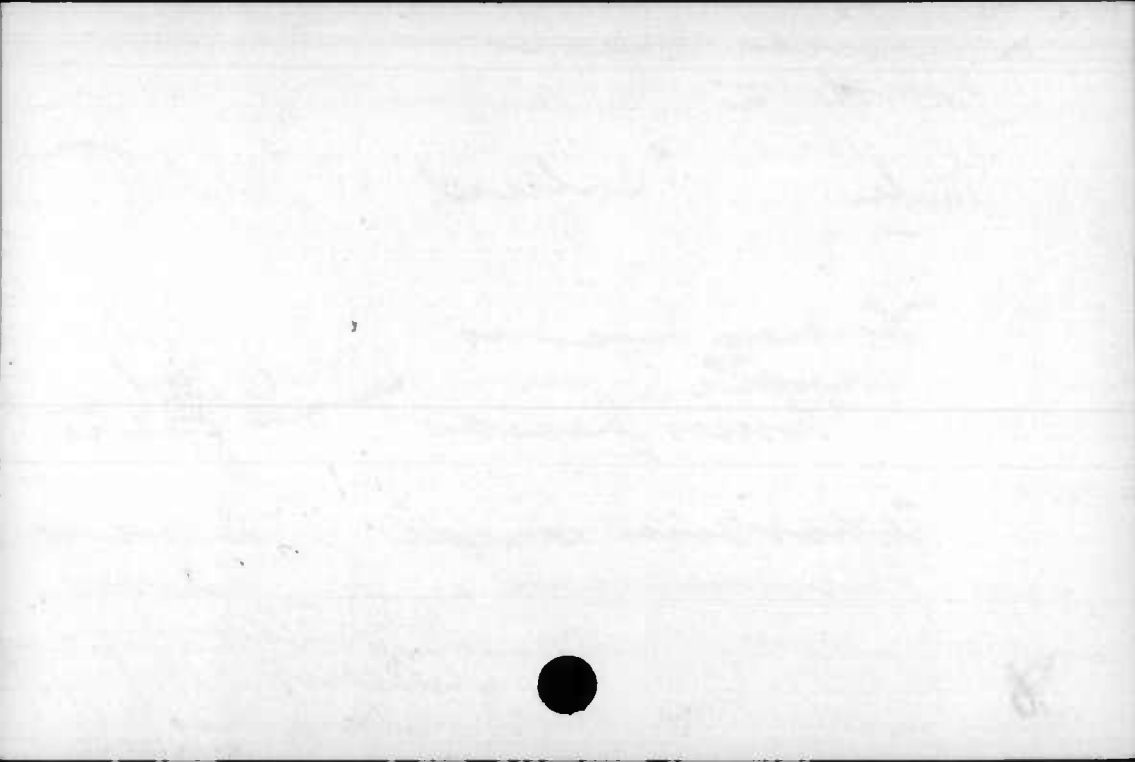
Died at		Town Birdletruss Hill		County Monrovia		MARYLAND	
Date of death		1907	Month Apr	Day 6th	Years 62	Months	Days
Sex Male		Color or Race Colored		Birth- place Monrovia Co Ind			
Occupation Farmer		Where Residing if not at place of death Birdletruss Hill Ind					
Married, Single or Widowed Married		Name of Wife or Husband Dora Thompson					
Father's Name Hardy Hudson		Father's Birthplace Monrovia Co Ind					
Mother's Maiden Name Lear Redden		Mother's Birthplace Monrovia Co Ind					
Name of person giving Information Sim Stevenson		How related to deceased None					

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	accidental drowning		How long	Two months
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Gene Jones	
			Address Snow Hill Ind	
Accident or Suicide?		Accident		



Name
in
Full

L James Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
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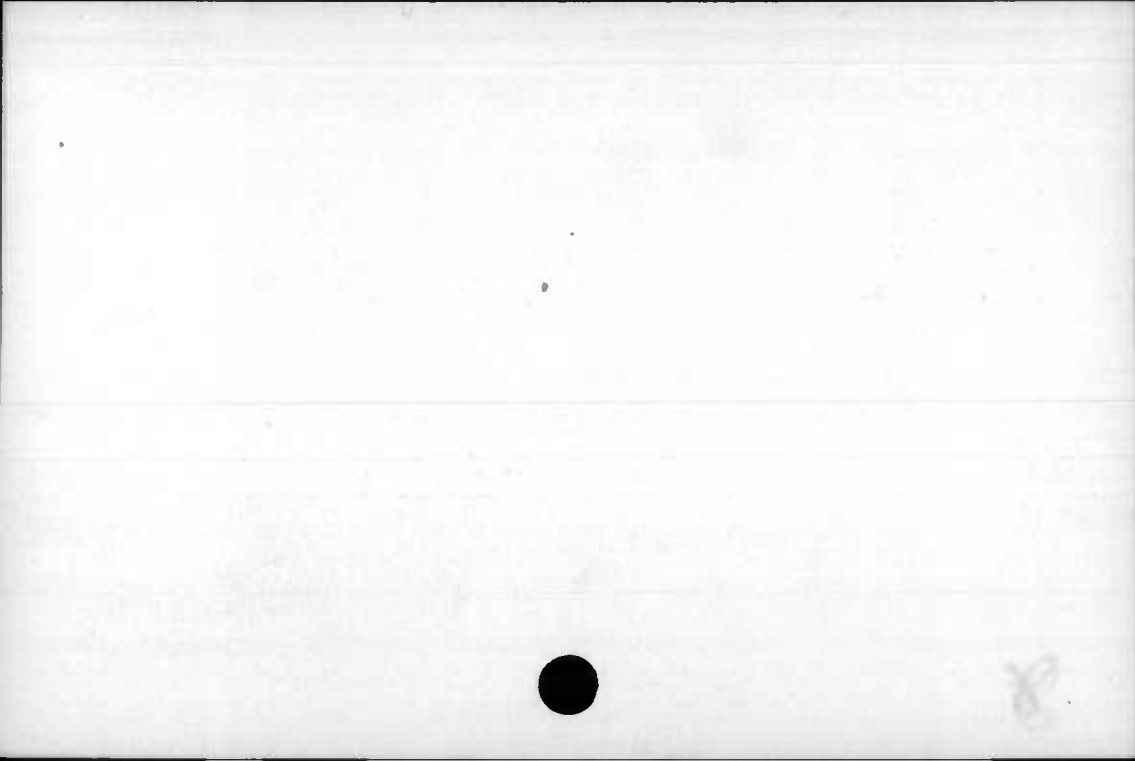
Died at		Town Bridgeton		County Worcester		MARYLAND	
Date of death		Month April	Day 16	Age	Years 6	Months 14	Days
Sex Male		Color or Race colored		Birth- place Md			
Occupation -				Where Residing if not at place of death -			
Married, Single or Widowed -				Name of Wife or Husband -			
Father's Name Thomas Jacobs				Father's Birthplace Md			
Mother's Maiden Name Martha E. Kelly				Mother's Birthplace Md			
Name of person giving Information James Jacobs				How related to deceased Father			

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

Primary	Whooping cough	How long	2 weeks
Immediate	Cerebral	How long	6 hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. D. Dickerson	
Address		Bridgeton Md Worcester	
Accident or Suicide?			



Name
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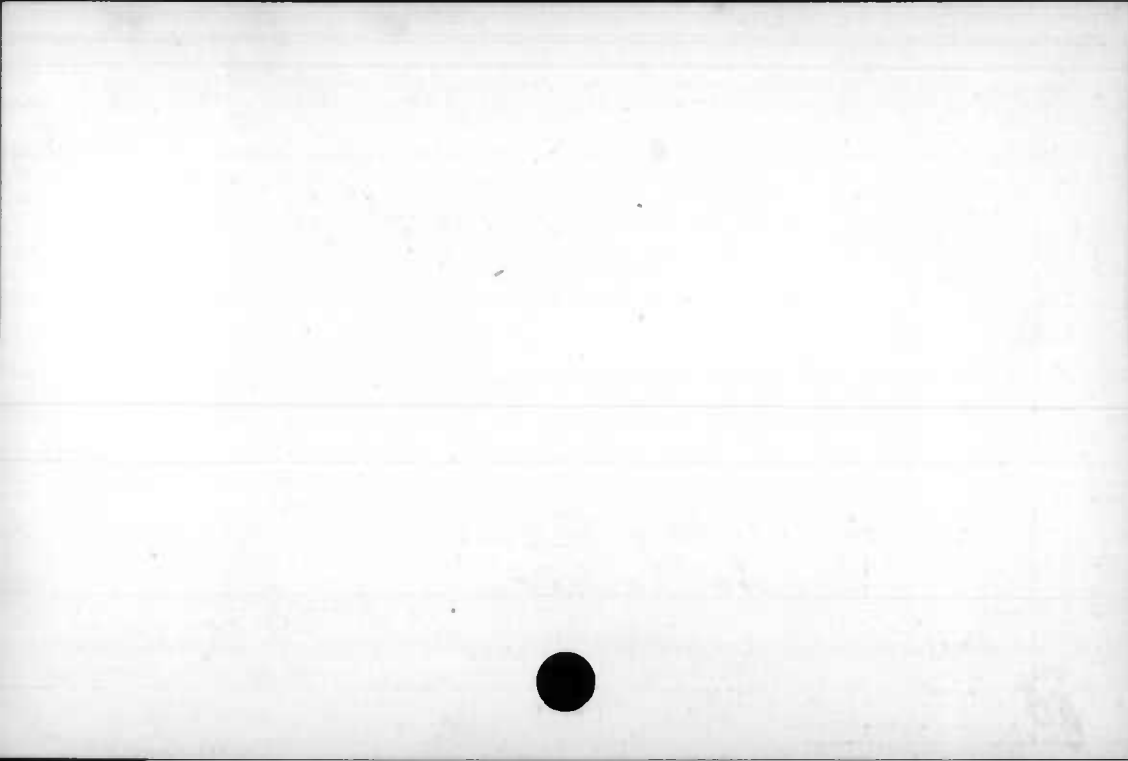
Died at <i>Berlin</i> ^{Town}		<i>Worcester</i> ^{County}		MARYLAND	
Date of death	1907	Month	4	Day	7
				Age	7 ^{Years}
Sex	<i>Female</i>	Color or Race	<i>White</i>	Birth-place	<i>Eud</i>
Occupation	<i>Sailor</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Widowed</i>	Name of Wife or Husband			
Father's Name	<i>Leith Brittingham</i>			Father's Birthplace	<i>Eud</i>
Mother's Maiden Name	<i>J. & W. Wise</i>			Mother's Birthplace	
Name of person giving information	<i>J. & W. Wise</i>			How related to deceased	<i>Worce</i>

CAUSES OF DEATH

(104)

PHYSICIAN
OR CORONER

Primary	<i>Catarrh of Stomach</i>	How long	<i>Several years</i>
Immediate	<i>3 or 4 months</i>	How long	<i>Several months</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Edwin J. Dirickson</i>
		Address	<i>Berlin Md</i>
Accident or Suicide?	<i>L</i>		



Name
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Full

Catherine D. Jones

CERTIFICATE OF DEATH

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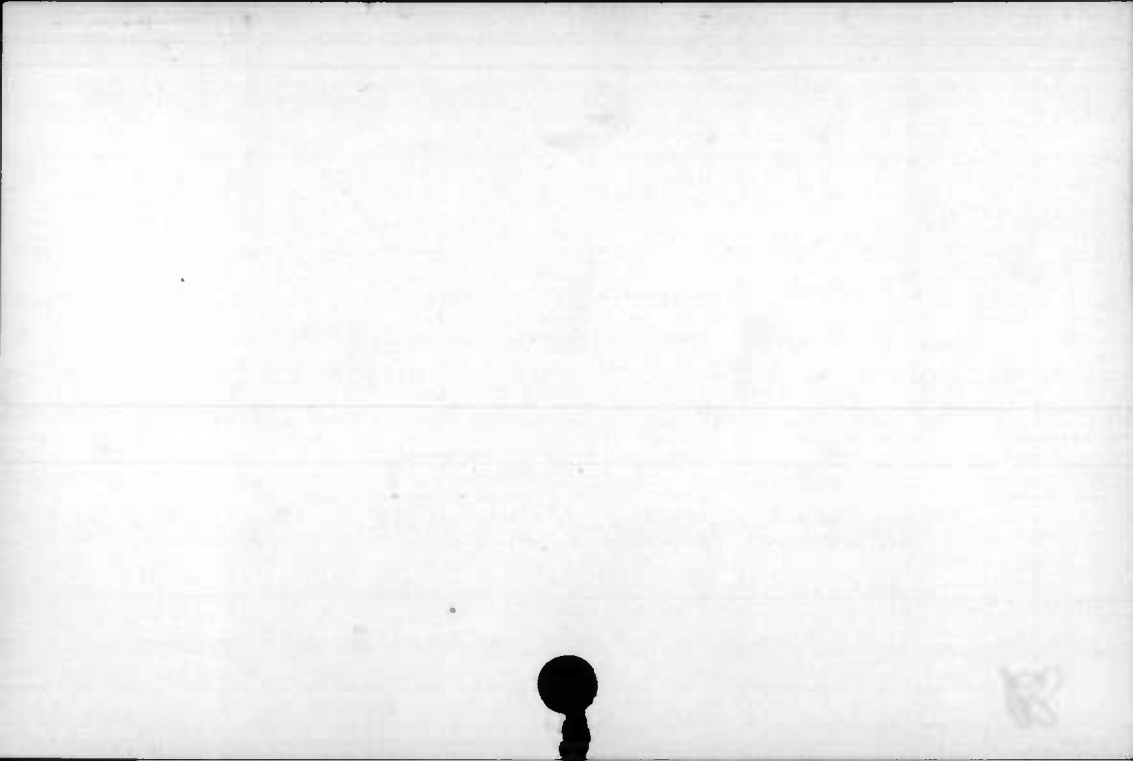
Died at <i>Snow Hill</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>April</i> <small>Month</small>	<i>11</i> <small>Day</small>	<i>18</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>11</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-Place <i>Wor. Co. Md</i>			
Occupation <i>Housewife</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Dr Chas. P. Jones</i>				
Father's Name <i>Johnson Gray</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information <i>Rae Jones</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

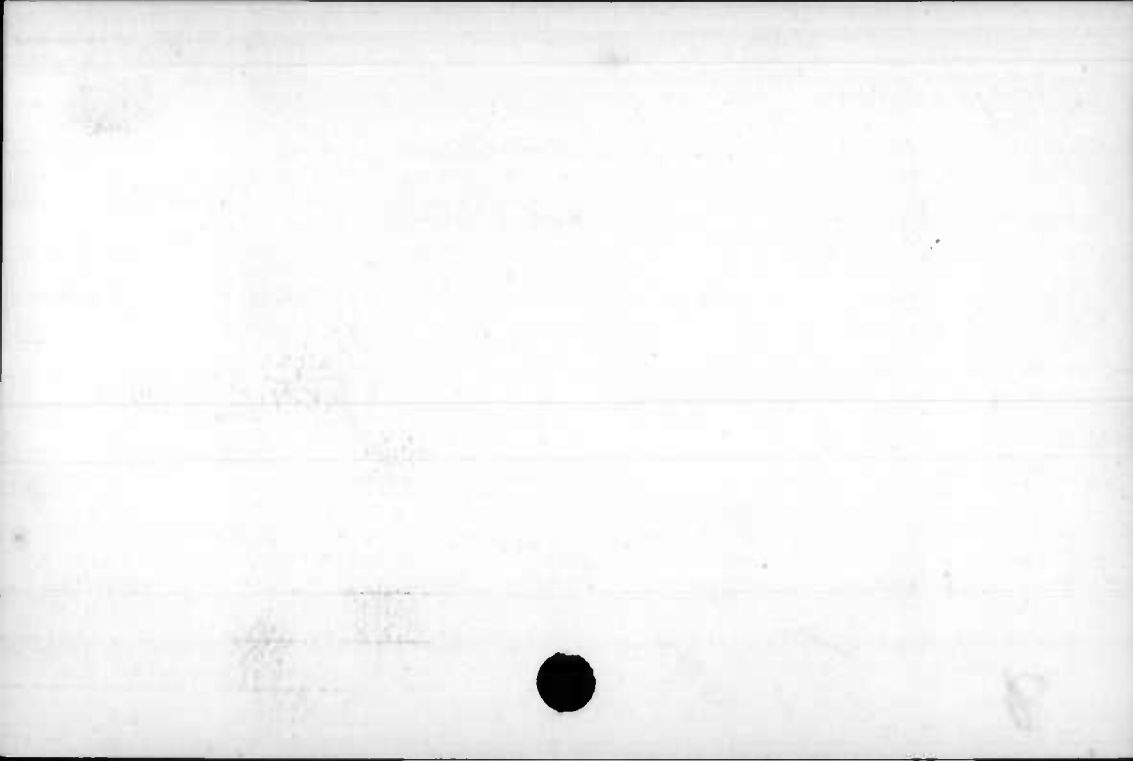
164

PHYSICIAN
OR CORONER

Primary <i>Fracture of neck of femur</i>	How long <i>8 weeks</i>
Immediate <i>Acute indigestion Heart failure</i>	How long <i>3 or 4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Rae Jones</i>
	Address <i>Snow Hill Md</i>
Accident or Suicide? <i>Accident -</i>	



Name in Full		Sally M. Jarvis				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Berlin	Town	Worcester	County	MARYLAND	
	Date of death	1907	Month April	Day 28	Age 5-4	Years	Months —
	Sex	Female	Color or Race	White	Birth- place	Maryland	
	Occupation	Housewife			Where Residing if not at place of death		
	Married, Single or Widowed	Single			Name of Wife or Husband Thomas Jarvis		
	Father's Name	Davis Caffin			Father's Birthplace Maryland		
	Mother's Maiden Name	Mariab Caffin			Mother's Birthplace Maryland		
Name of person giving In formation	Thomas M. Jarvis			How related to deceased Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Fatty deposit around heart			How long	Several years	
	Immediate	Heart Failure			How long	10 minutes	
	Are the name, age, sex, color, date and place correctly given above?			Signature of Physician A. W. Dirichsen			
				Address Berlin Md.			
<div style="display: flex; justify-content: space-between;"> Accident or Suicide? LIBRARY BUREAU 443016 </div>							



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

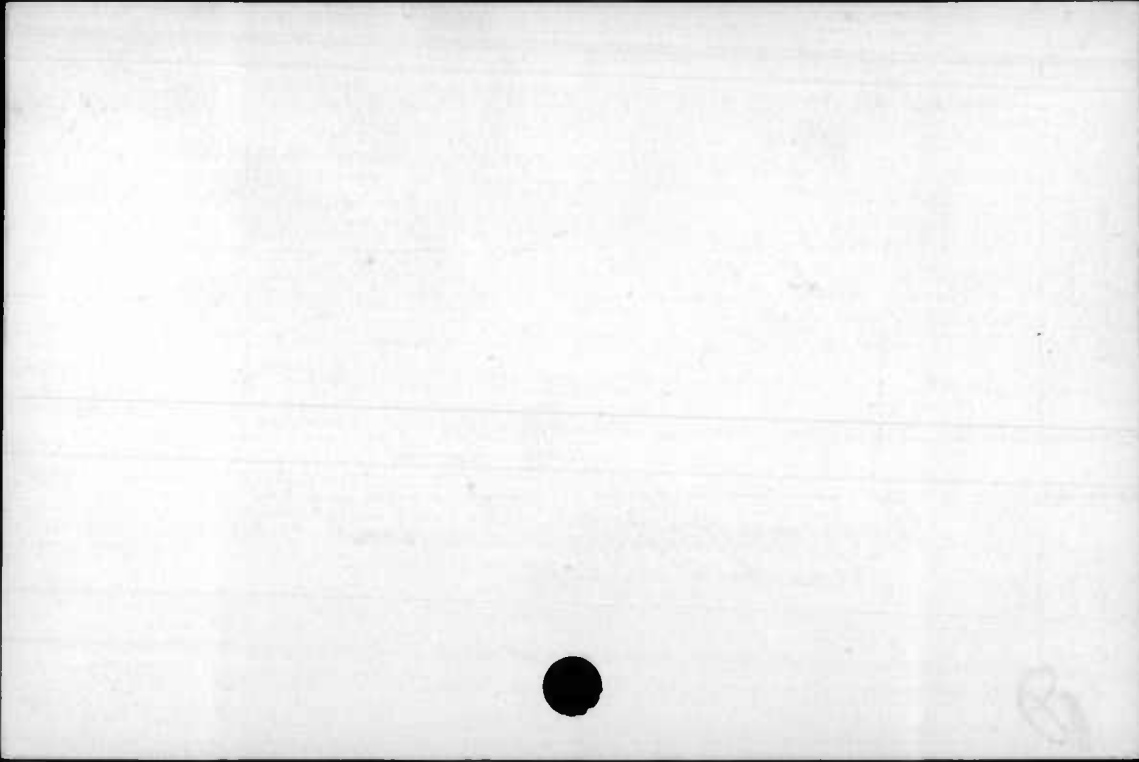
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1907		April	19	56	7	11	
Sex		Color or Race		Birth-place			
Male		White		G. C.			
Occupation				Where Residing if not at place of death			
Mechanic				G. C.			
Married, Single or Widowed		Name of Wife or Husband					
Married		Gertie E. Kinsey					
Father's Name				Father's Birthplace			
Ezekiel B. Kinsey				A. C.			
Mother's Maiden Name				Mother's Birthplace			
Mary Kinsey				G. C.			
Name of person giving information				How related to deceased			
Gertie E. Kinsey				Wife			

CAUSES OF DEATH

29

PHYSICIAN
OR CORONER

Primary	Subeular Enteritis.	How long	-
Immediate	Exhaustion	How long	-
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. D. Strongman	
		Address	
		Poon Hill - Md	
Accident or Suicide?			



Name
in
Full

Hester Lambertson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

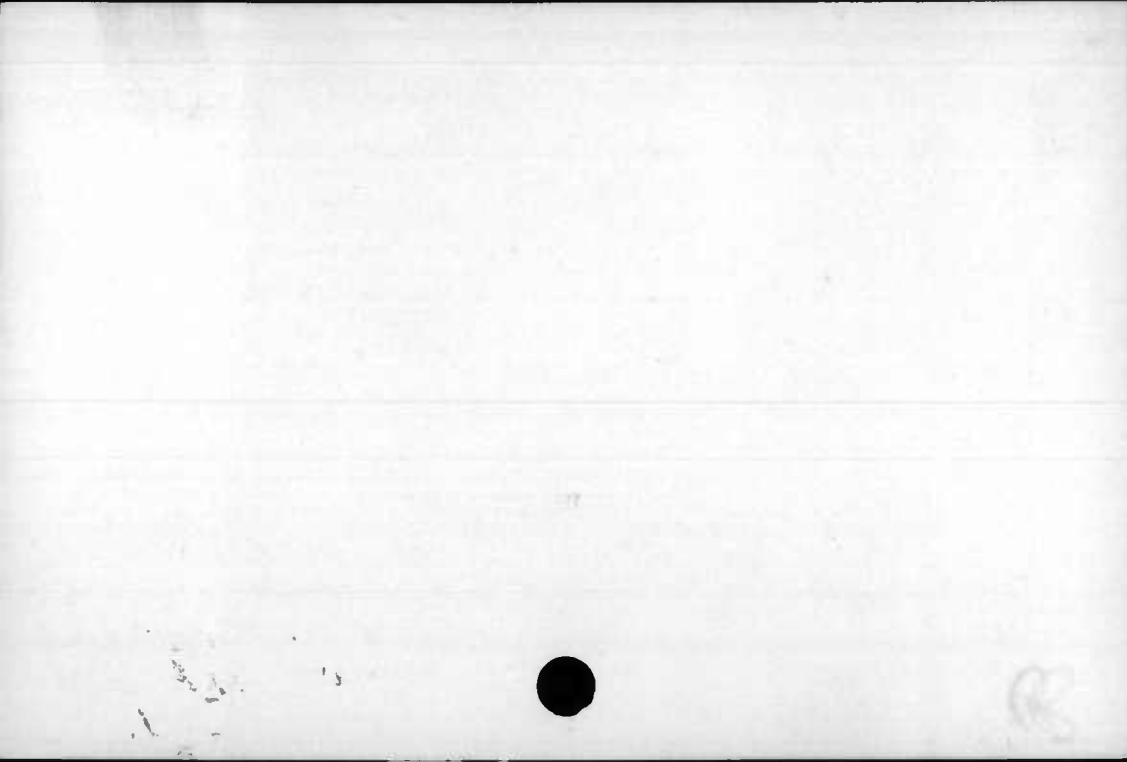
Died at <u>Snow Hill</u> Town		<u>Worcester</u> County		MARYLAND	
Date of death	1907	Month	April	Day	26
Age	76	Years		Months	
Sex	Female	Color or Race	White	Birth place	Ind
Occupation	None	Where Residing if not at place of death			
Married or Widowed		Husband	Henry Lambertson		
Father's Name	Wm Townsend			Father's Birthplace	Ind.
Mother's Maiden Name	Mary Townsend			Mother's Birthplace	Unknown
Name of person giving information	Mrs Mary Heathway			How related to deceased	Daughter

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	5-days
Immediate	Heart failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Snow Hill	
		Ind.	
Accident or Suicide?			



Name
in
Full

William Monnell

CERTIFICATE OF DEATH

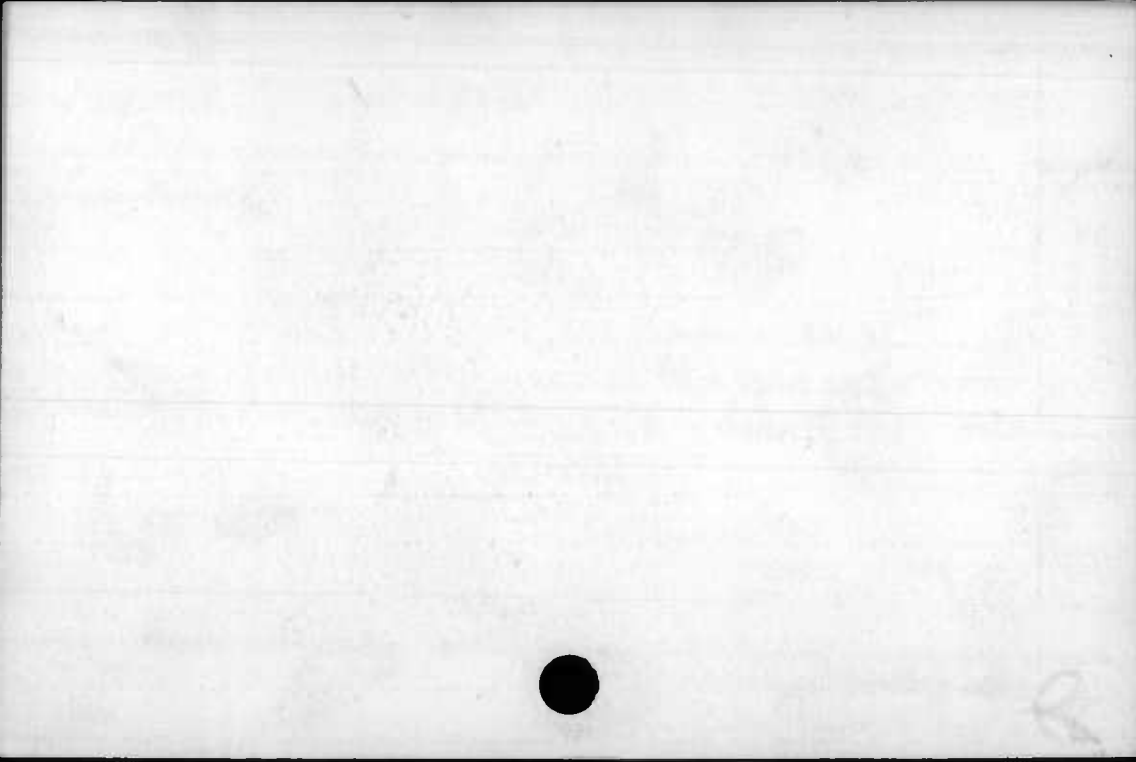
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Strocton</u> ^{Town}		<u>Worcester</u> ^{County}		MARYLAND	
Date of death	<u>1907</u>	Month <u>April</u>	Day <u>3</u>	Age <u>73</u> ^{Years}	Months <u>11</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Maryland</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Sallie Monnell</u>				
Father's Name <u>Abe Monnell</u>	Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Harriet Ginn</u>	Mother's Birthplace <u>"</u>				
Name of person giving information <u>George Monnell</u>			How related to deceased <u>Son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>old. age</u>	<u>(1574)</u>	How long	<u>2 months</u>
Immediate				
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Wanech & Smack</u>		
<u>we think so</u>		Address <u>Strocton Ind</u>		
Accident or Suicide?		<u>undertakers</u>		



Name
in
Full

Paul Massey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Friendship</i> Town		County <i>Winchester</i>		MARYLAND	
Date of death	1907	Month	April	Day	13
Age	70	Years		Months	
Sex	Male	Color or Race	Black	Birth-place	Maryland
Occupation	Laborer		Where Residing if not at place of death		
Married, <input checked="" type="checkbox"/> or Widowed	Name of Wife or Husband		<i>Unknown</i>		
Father's Name	<i>Unknown</i>		Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Rachel Massey</i>		Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>James Rayne</i>		How related to deceased	<i>none</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
<i>No Dr in attendance</i>	<i>O.K.</i>
Address	<i>L. A. Massey</i>
Accident or Suicide?	

179

13 to 14-

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Julia A. Mills*

Died at *Stockton* ^{Town} *Worcester* ^{County}

Date of death *1907* ^{Month} *April* ^{Day} *5* ^{Age} *70* ^{Years} *70* ^{Months} *70* ^{Days}

Sex *Female* Color or Race *white* Birth-place *MA*

Occupation *House work* Where Residing if not at place of death *MA*

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Robert C. Mills* ✓ Father's Birthplace *MA*

Mother's Maiden Name *Anna Dennis* Mother's Birthplace *MA*

Name of person giving information *Abner Doughty* How related to deceased *Nephew*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Nephritis* **(120)** How long *12 Months*

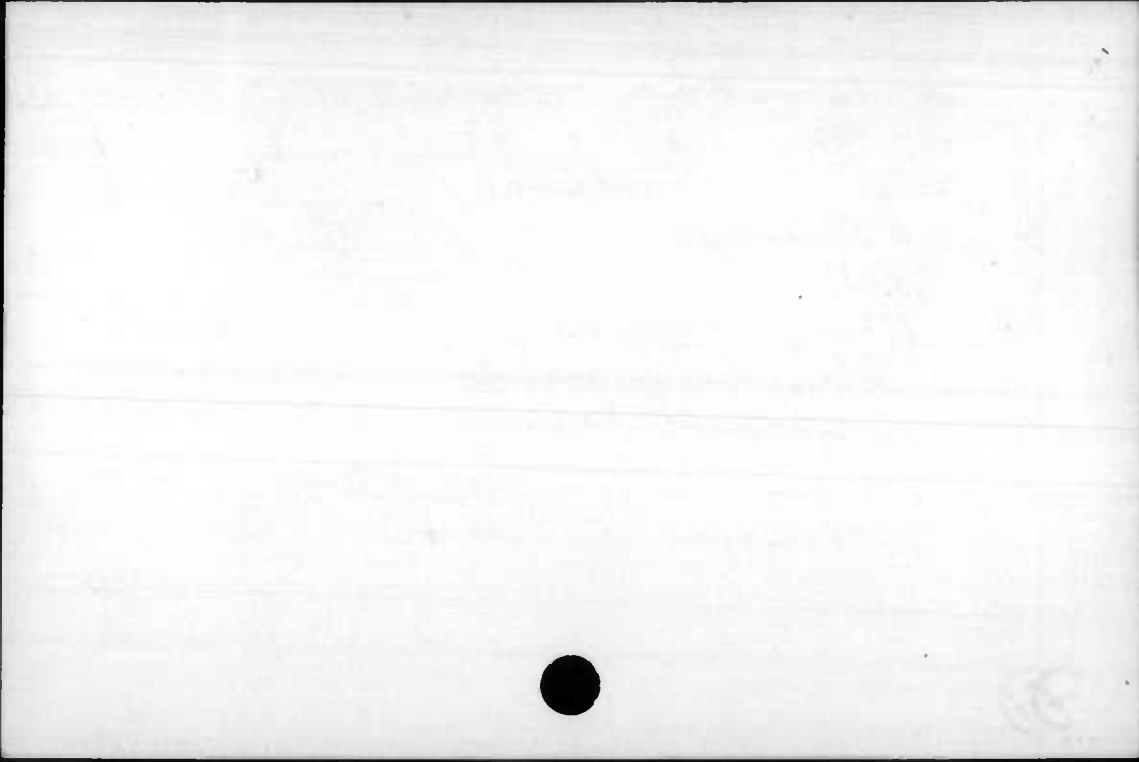
Immediate *Uremia* How long *4 Days*

Are the name, age, sex, color, date and place correctly given above? ☒

Signature of Physician *J. D. Dickerson*

Address *Stockton, MA*
Worcester Co

Accident or Suicide? ☒



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

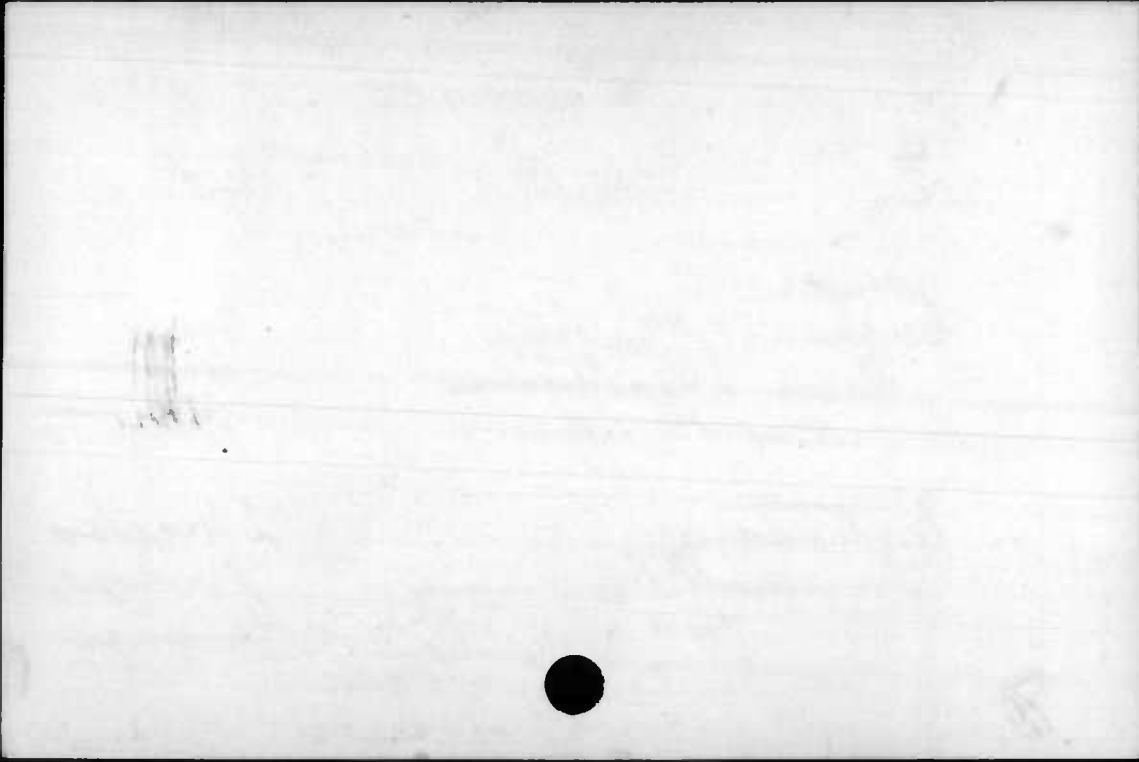
Orlando R. Mills
 Died at *Kindleora Hill* ^{Town} *Worcester* County
 Date of death *1907 Apr 6* ^{Month} *Apr* ^{Day} *6* ^{Years} *23* ^{Months} *7* ^{Days} *2*
 Sex *Male* Color or Race *Colored* Birth-place *Ind*
 Occupation *Oystering* Where Residing if not at place of death *Ind*
 Married, Single or Widowed *No* Name of Wife or Husband _____
 Father's Name *Harry Mills* Father's Birthplace *Ind*
 Mother's Maiden Name *Elizabeth Mills* Mother's Birthplace *Ind*
 Name of person giving information *John W Mills* How related to deceased *brother*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary *Accidental drowning* How long *few moments*
 Immediate *"* How long *"*
 Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician *Paul Jones*
 Address *Snow Hill Md*
 Accident or Suicide? *accident*



Name
in
Full

CERTIFICATE OF DEATH

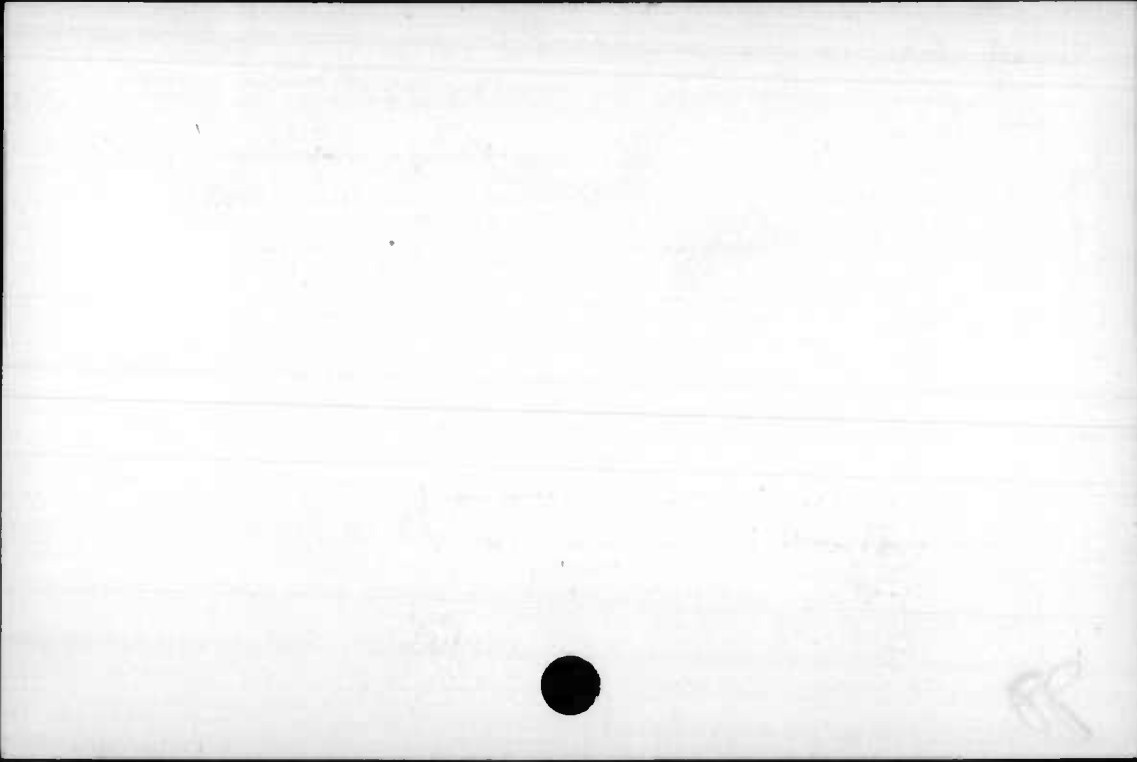
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stockton</i> Town		<i>Worcester</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>10</i>	Age <i>1</i>	Years
Sex <i>Male</i>	Color or Race <i>White</i>		Birth place <i>MD</i>		Months
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>George W. Philipps</i>		Father's Birthplace <i>MD</i>			
Mother's Maiden Name <i>Ann S. Bateman</i>		Mother's Birthplace <i>MD</i>			
Name of person giving information <i>Chas. Philipps</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pertussis</i>	How long <i>2 weeks</i>
Immediate <i>Bronchopneumonia</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. D. Dickerson</i>
	Address <i>Stockton MD</i>
	<i>Worcester Co.</i>
<input checked="" type="checkbox"/> Accident or Suicide?	



Name
in Full

Mrs Sarah Pruitt

CERTIFICATE OF DEATH

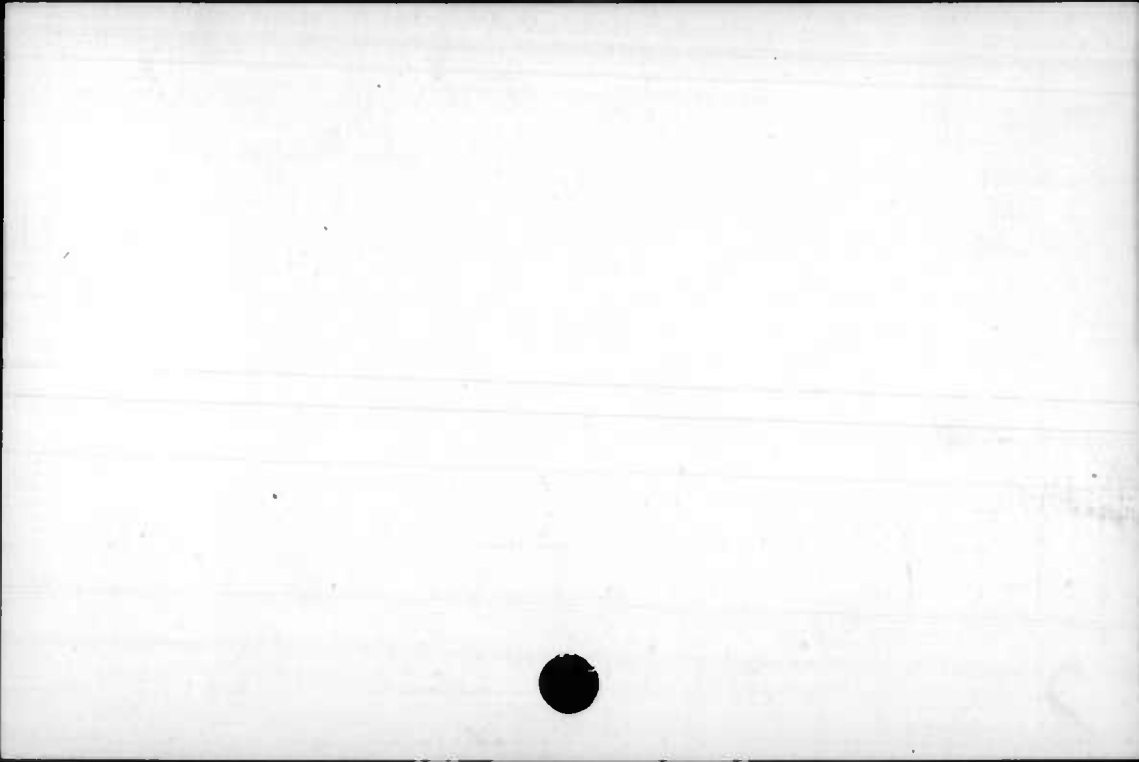
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Main Berlin</i>		County <i>Worcester</i>		MARYLAND	
Date of death	1907	Month	4	Day	8
Age		63		Years	
Sex	Female		Color or Race	White	
Occupation	House Wifery		Birth-place	Ireland	
Where Residing if not at place of death					
Married, Single or Widowed	Widowed		Name of Wife or Husband	Thos Pruitt	
Father's Name	Parsons		Father's Birthplace	Ireland	
Mother's Maiden Name	J. E. Wise		Mother's Birthplace		
Name of person giving information	J. E. Wise		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	(27)	How long	<i>Several years</i>
Immediate	<i>X</i>		How long	<i>X</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	
			<i>Edwin J. Dickinson</i>	
			Address	
			<i>Berlin Md</i>	
Accident or Suicide?		<i>X X</i>	<i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

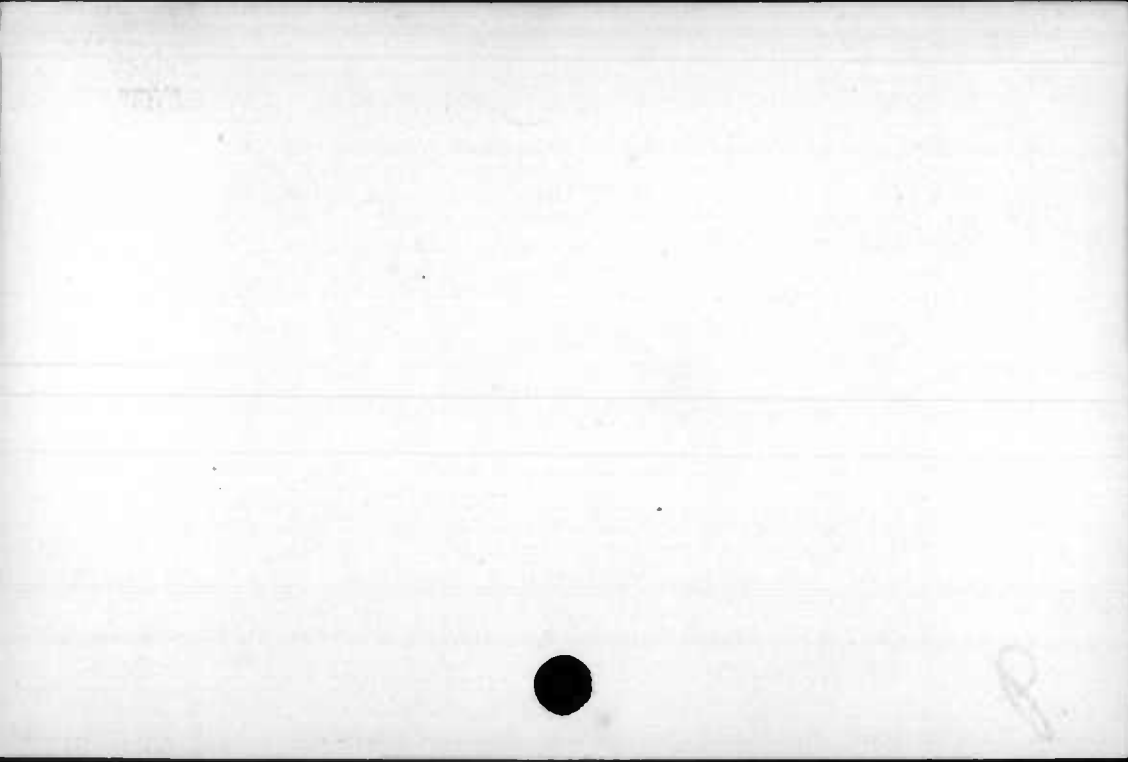
TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Geo. H. Purnell</i>		Town <i>near Snow Hill</i>		County <i>Norchester</i>		MARYLAND	
Died at		Month <i>April</i>		Day <i>25</i>		Years <i>3</i>	
Date of death <i>1907</i>		Months <i>-</i>		Days <i>-</i>			
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Md.</i>			
Occupation <i>-</i>				Where Residing If not at place of death <i>-</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>-</i>					
Father's Name <i>Morris Purnell</i>		Father's Birthplace <i>Md.</i>					
Mother's Maiden Name <i>Mary J. Purnell</i>		Mother's Birthplace <i>Md.</i>					
Name of person giving Information <i>Morris Purnell</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	(92)	How long <i>1 week</i>
Immediate <i>Pneumonia</i>		How long <i>5 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Paul Jones</i>	
	Address <i>Snow Hill Md.</i>	
Accident or Suicide? <i>-</i>		



Name
in
Full

Miss. Annie S Mack

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

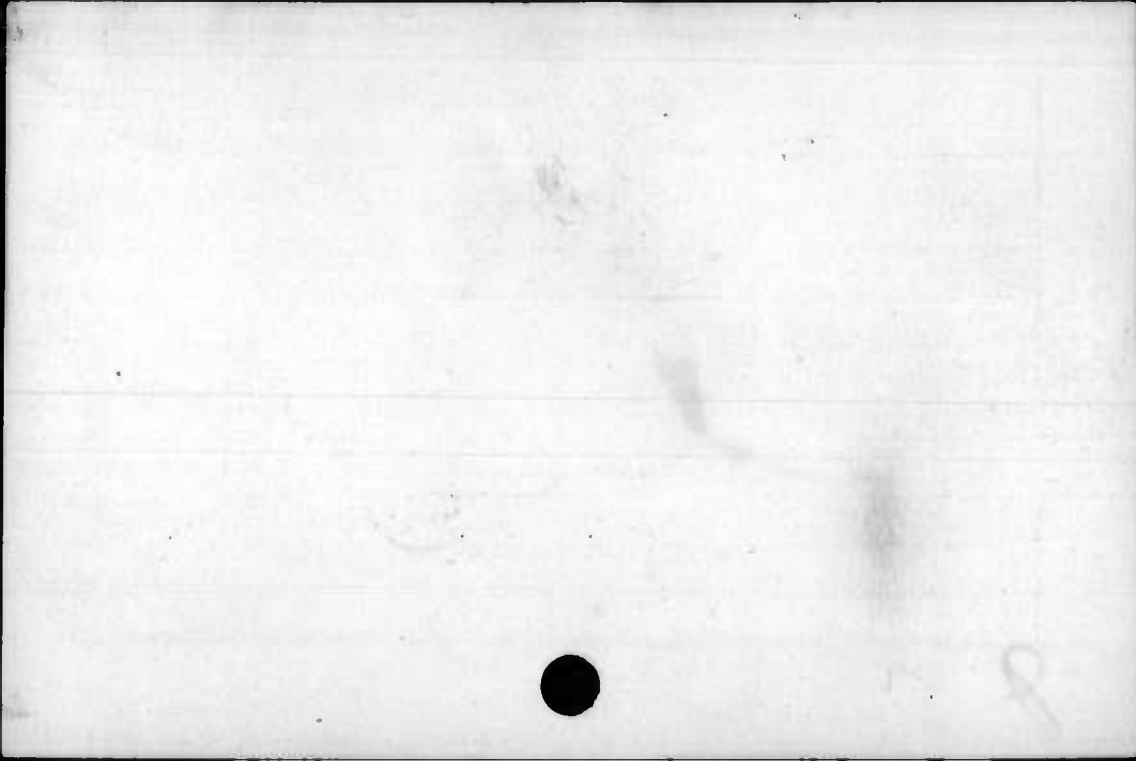
Died at <i>near Snow Hill</i>		Town <i>Snow Hill</i>		County <i>Worcester</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>4</i>	Day <i>26</i>	Age <i>22</i>	Years	Months	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Ind.</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>at place of death</i>						
Married, Single or Widowed	Name of Wife Husband <i>Neal S Mack</i>						
Father's Name <i>John S Mack</i>	Father's Birthplace <i>Ind</i>						
Mother's Maiden Name	Mother's Birthplace						
Name of person giving information			How related to deceased				

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

Primary <i>Tubercular Laryngitis</i>	How long <i>Don't know</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. D. Strangman</i>
<i>[Signature]</i>	Address <i>Snow Hill. Ind.</i>
Accident or Suicide? <i>[initials]</i>	



Name
in
Full

CERTIFICATE OF DEATH

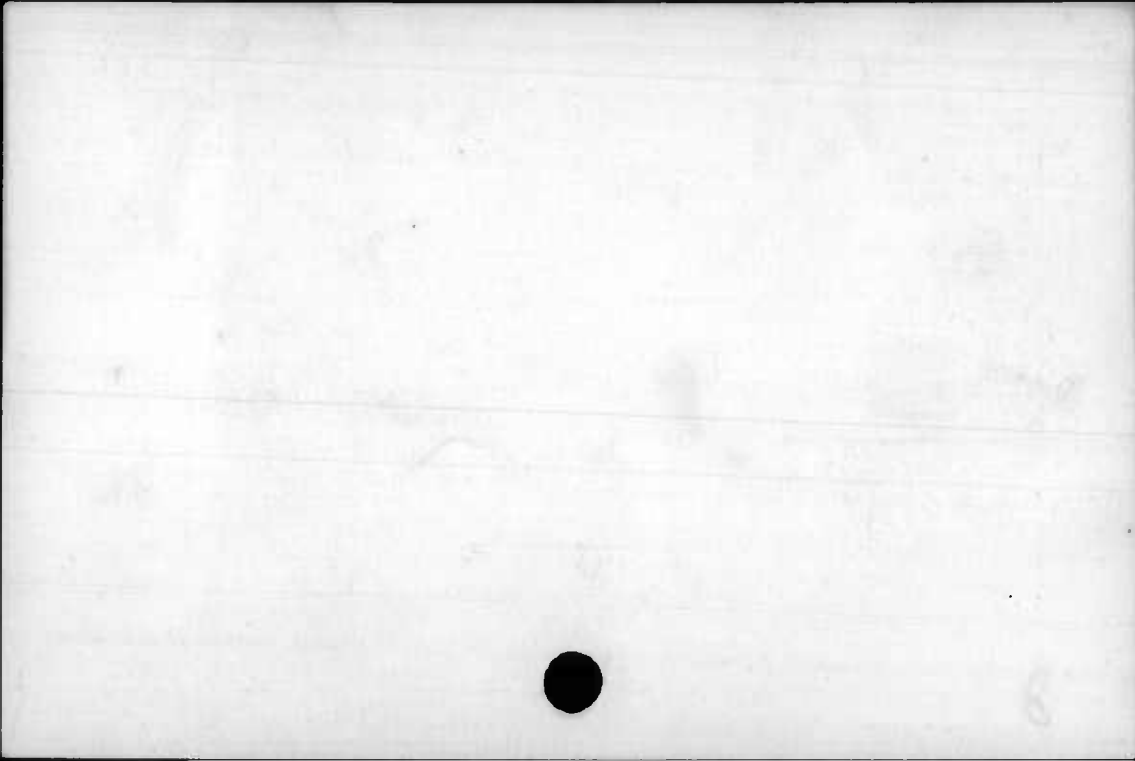
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		April	15	Age	at birth		
Sex		Color or Race		Birth-place			
male		colored		Pocomoke			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Charles Stokes				Maryland			
Mother's Maiden Name				Mother's Birthplace			
Hattie Jackson				Maryland			
Name of person giving information				How related to deceased			
Father							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Microscopic	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		J. W. C. Sevin
		Address
		Pocomoke City Md
Accident or Suicide?		



Name
is
Full

CERTIFICATE OF DEATH


TO BE ANSWERED BY
NEAREST FRIEND

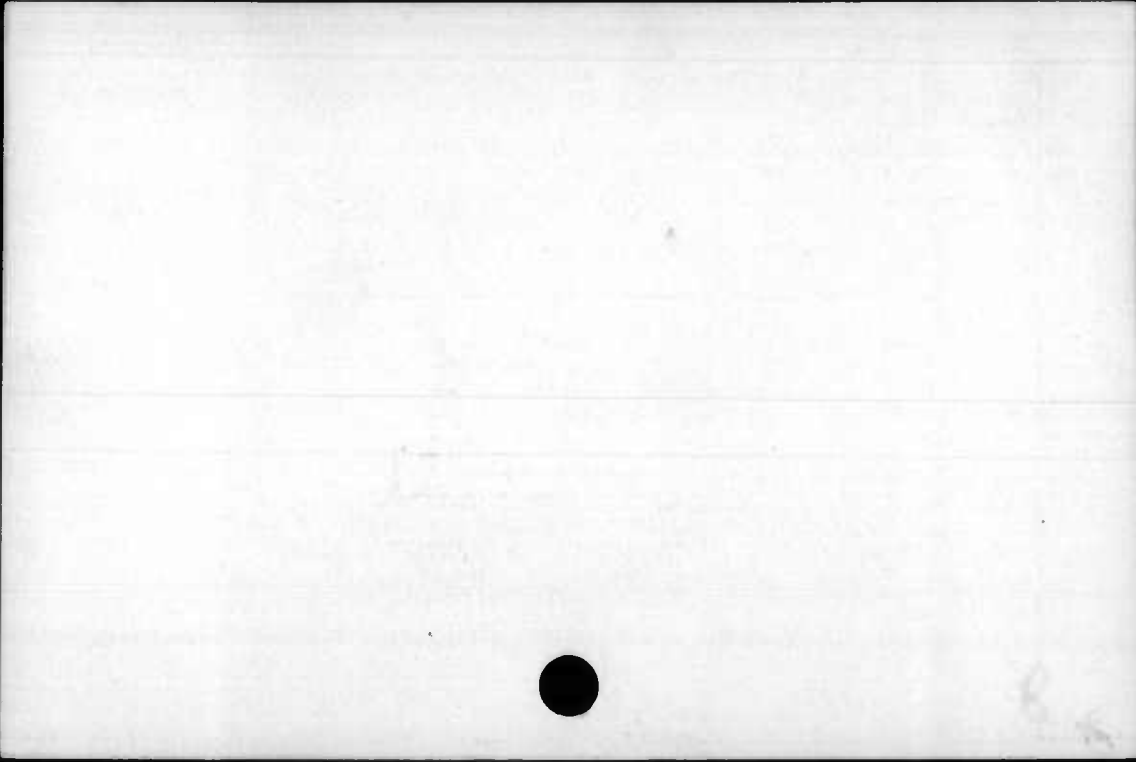
Died at <i>Snow Hill</i>		Town <i>Worcester</i>		County		State <i>MARYLAND</i>	
Date of death	<i>1907</i>	Month <i>April</i>	Day <i>19</i>	Age <i>36</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>Ind.</i>				
Occupation <i>carpenter</i>			Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>			Name of Wife or Husband <i>Annie H. Taylor</i>				
Father's Name <i>Wm. H. Taylor</i>			Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Margaretta L. Linnix</i>			Mother's Birthplace <i>Ind.</i>				
Name of person giving information			How related to deceased				

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long <i>9 days</i>
Immediate	<i>Heart failure</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John S. Deloche</i>
		Address <i>Snow Hill Ind.</i>
		
<i>8</i> Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

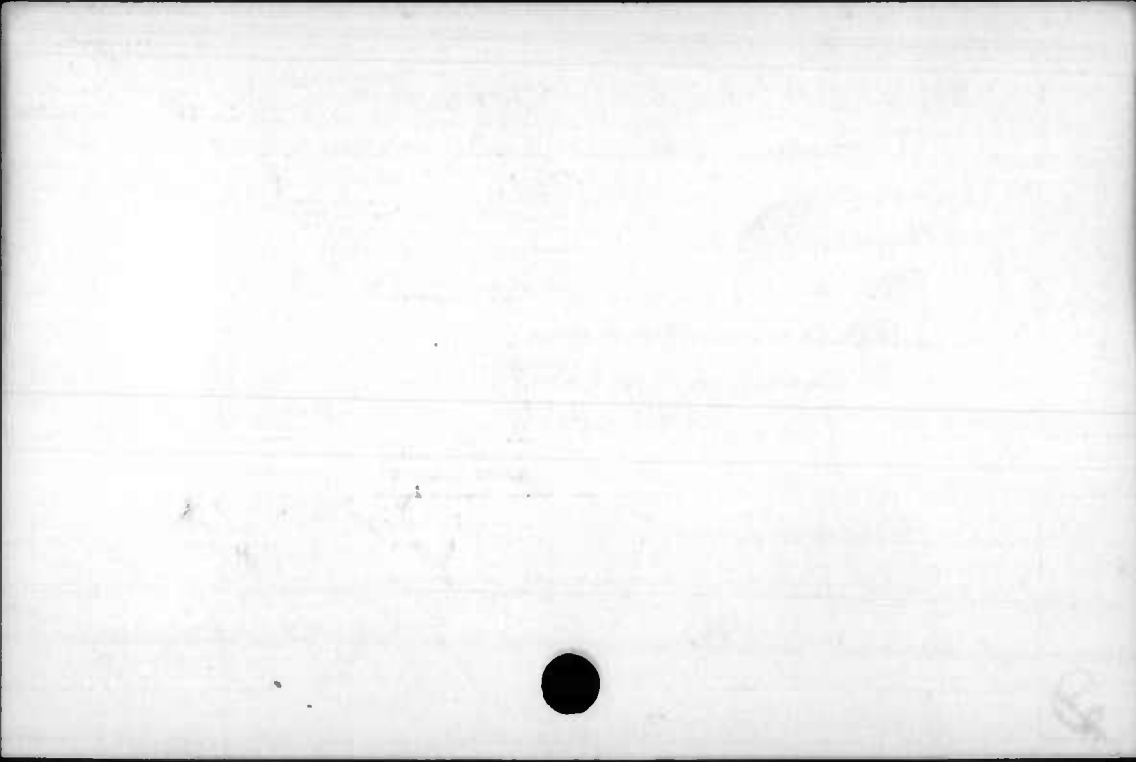
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Campbell R #1 #2</i>		Town <i>#2</i>		County <i>Harvester</i>		MARYLAND	
Date of death	1907	Month	April	Day	16	Age	31
Sex	Male		Color or Race	White		Birthplace	Maryland
Occupation	Harvester			Where Residing if not at place of death <i>At Harvester</i>			
Married, Single or Widowed	Single		Name of Wife or Husband <i>None</i>				
Father's Name	James B Williams					Father's Birthplace	Maryland
Mother's Maiden Name	Emeline Perrell					Mother's Birthplace	Maryland
Name of person giving information	James B Williams					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Consumption</i>	How long	<i>Two Months</i>
Immediate	<i>No</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Was treated by Dr. Martin</i>	
<i>yes</i>		Address <i>Belleville Del</i>	
Accident or Suicide?		<i>P. Raynor</i>	



Name
in
Full

Mary E. Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Berlin</i> <small>Town</small>		<i>Worcester</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>Apr</i> <small>Month</small>	<i>24</i> <small>Day</small>	Age <i>39</i> <small>Years</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Berlin</i>		
Occupation <i>House Keeper</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Sixney Williams</i>				
Father's Name <i>Stephen Hadden</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rebecca Ann Hadden</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Sixney Williams</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>7 months</i>
Immediate <i>Puerperal Convulsions</i>	How long <i>5 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Pitts</i>
	Address <i>Berlin, Md</i>
Accident or Suicide?	

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